4/3000/47/39

(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section, Division of Corporations

1169 DREW STREET, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alma J. Jenkins

Name of Person

David E. Platte, P.A.

Firm/Company

1465 S. Fort Harrison Avenue, Suite 202

Address

Clearwater, FL 33756

City/State and Zip Code

alma@deplattelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharee Michaels

727,461-0420

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1169 DREW STREET, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	, FI	oridaZip Code
	Enter Florida s	street address
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records address here:	s, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
A. If amending name, enter the new name of the	limited liability company here:	
This amendment is submitted to amend the following	β.	ing w
This amondment is submitted to amond the fall and		
Florida document number L13000147139	·	2-0-20
The Articles of Organization for this Limited Liabili		and assigned

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Add
Remove
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	Jel. 19th, 7013.
	Jel. 19th , 7013.
	Signature of a member or authorized representative of a member
	10. (1 , -1013.

Page 3 of 3

Filing Fee: \$25.00